

D Neuro Alzheimers Disease Mild Cognitive Impairme

Record ID

1. Gold Standard Diagnosis

Does the patient have Major Neurocognitive Disorder - Alzheimer's Type, Mild Cognitive Impairment or other types of dementia confirmed by going through (must fill at least one):

Clinical history:

Functional Inventory:

Cognitive Testing:

Other investigations:

Have you excluded other causes of cognitive/functional changes (and/or other subtypes)?

- ☐ No
☐ Yes
☐ Not certain

2. Disease Type

Specify the disease type in the patient:

- ☐ Mild Cognitive Impairment (MCI)
☐ Typical Alzheimer's Disease (AD)
☐ Frontotemporal Dementia (FTD)
☐ Lewy Body Dementia (LBD)
☐ Vascular Dementia (VaD)
☐ Mixed Dementia (e.g., AD and VaD)
☐ Other

If you selected "other", please specify:

3. Etiology

What is the suspected or known etiology in the patient?

- ☐ Genetic factors
☐ Age-related changes
☐ Other medical conditions (e.g., vascular factors, traumatic brain injury)
☐ Substance-related (e.g., alcohol-induced cognitive impairment)
☐ Other

Genetic Factors Subcategory

- ☐ Familial Alzheimer's disease (e.g., mutations in APP, PSEN1, PSEN2 genes)
☐ Apolipoprotein E (APOE) ε4 allele
☐ Other genetic factors

If you selected "Other genetic factors", please specify: _____

If you selected "other medical conditions", please specify: _____

If you selected "other", please specify: _____

4. Disease Severity

What is the current stage/severity of cognitive impairment or dementia in the patient? ☐ Mild cognitive impairment (MCI) ☐ Clinical dementia rating (CDR) staging

Clinical dementia rating (CDR) staging subcategory: ☐ CDR 0.5 (Very mild impairment) ☐ CDR 1 (Mild impairment) ☐ CDR 2 (Moderate impairment) ☐ CDR 3 (Severe impairment)

5. Cognitive Assessment (must fill at least one)

Rowland Universal Dementia Assessment Scale (RUDAS) score: _____

Mini-Mental State Examination (MMSE) score: _____

Montreal Cognitive Assessment (MoCA) score: _____

Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-Cog) score: _____

Other cognitive assessment tool (Please Specify): _____

Other cognitive assessment tool score: _____

6. Treatment Obtained

Has the patient undergone any treatment for Alzheimer's disease or cognitive impairment or other types of dementia? ☐ Yes ☐ No

Yes ☐ Medications ☐ Non-pharmacological interventions

Medications: ☐ Cholinesterase inhibitors (e.g., Donepezil, Rivastigmine, Galantamine) ☐ NMDA receptor antagonist (e.g., Memantine) ☐ Other

If you selected "Other", please specify:

Non-pharmacological interventions:

- ☐ Day program
- ☐ Cognitive stimulation therapy
- ☐ Reality orientation therapy
- ☐ Reminiscence therapy
- ☐ Physical exercise program
- ☐ Dietary modifications
- ☐ Other

If you selected "Other", please specify:
